## **Personal History And Salesperson Application**



Idaho Transportation Department Vehicle Services PO Box 34, Boise, ID 83731-0034

	ck appropriate Original Applica Owner/Officer (I	tion		-time Salesperson t-time Salesperson	☐ Renewal ☐ Change Sponsori	ng Dealer		.dd Sponsoi Ouplicate (Lo	ring Dealer ost Card - \$10)	
<i>Idaho Code 49-1602(1)</i> : The Department may refuse to issue a license to an applicant who has ever been convicted in a court of record in this state of a violation of a law, provision, or rule and regulation promulgated for this act.										
(a)	Have you previously been or are you now licensed as a vehicle salesperson, dealer, dismantler, or transporter?								s 🗌 No	
	If yes, previou		State	Date						
	Previous Dealership Name						No.	No		
	Previous Dea	alership Location								
(b)	suspended, or subjected to other disciplinary action or were you ever a partner, officer,									
If yes, please explain the circumstances on the back of this form.										
Driver's License State  Driver's License State				Social Security Num	per Date		e of Birth			
Name as it appears on your driver's license (Last, First, Middle) Please Print or Type										
Sex Height				Weight	Eye Color	Hair Colo	r	Daytime Phone Number		
Reside	ence Address (N	Street - No	PO Box)	City			State	Zip		
THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A SALES LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THE IDAHO VEHICLE DEALER'S LICENSE AND SALESMAN'S ACT.  I affirm under penalty of license forfeiture that the answers and information contained herein are true and correct to the best of my knowledge and belief. THIS FORM MUST BE COMPLETED IN FULL OR IT WILL BE RETURNED.										
Applicant's Signature X										
Dealership Name Primary Dealer Number										
Dealership Location Additional Dealer Number										
	Inactive Owner/Officer/Director – No ID Needed (part-time only)									
Sponsoring Dealer Certification for Sales Personnel:										
I hereby certify that a background check has found applicant suitable for a salesperson position										
and he/she is an employee.  Part-time*  Full-time**										
x										
Printed Name of Authorized Dealership Representative Signature of Authorized Dealership Representative										
Enc	Enclose a \$15.00 application fee for each salesperson.									

When our office notifies the applicant to go to the County Driver's License Office, a \$10.00 fee is required at the time the picture is taken. Each owner will receive only one picture ID for the **primary** dealership regardless of ownership of multiple vehicle dealerships.

\*Part-time = Less than 30 hours per week

Original - ITD

\*\*Full-time = 30 hours or more per week

Copy - Applicant's 30-Day Temporary